

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>1. Article Addressed to:</p> <p>■ Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail   <input type="checkbox"/> Registered   <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Express Mail   <input type="checkbox"/> Return Receipt for Merchandise   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>2. Article Number (Copy from service label)</p> <p>7004 2890 0004 6045 5178</p>		<p>PS Form 3811, July 1999</p> <p>Domestic Return Receipt</p> <p>102595-00-M-0952</p>	

**JOSH L. ANDERSON**  
 FW-6915  
 SCI Coal Township  
 1 Kelley Drive  
 Coal Township, PA 17866-1021

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Received by (Print Name) Mike White  
 B. Date of Delivery 7-19-06  
 C. Signature [Signature]  
 D. Is delivery address different from item 1? ☒ Yes   ☐ No  
 If YES, enter delivery address below:  
 Address ☐   Agent ☐   Addressee ☐